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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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1.	NAME OF COMMITTEE (in fuli)	TYPE OR PRINT ▼		ample: If typir or the lines.	ng, type	12FE4M5		
	C C00448654	3.	CITY CITY		V OR	NJ 08 STATE AMENDEI	035 ZIP CODE STATE ▼ DI	STRICT
4.	TYPE OF REPORT (Ch. (a) Quarterly Reports: April 15 Quarterly F July 15 Quarterly F October 15 Quarter January 31 Year-En	Report (Q1) eport (Q2) by Report (Q3) d Report (YE) (C) 3	Election on	Primary (12F Convention ((12C) port for the:	General (120) Special (128) Y Y Y Y Y Runoff (30R)	in the State of	
5.	Covering Period 07	M / D D / Y Y Y O1 20	013	through	09 M 0 M	/ 0 0 / 1	2013	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Ms. Robyn A. D. Ferdinand								
Signature of Treasurer Ms. Robyn A. D. Ferdinand Date Dat								
NOT FE5A	Office Use Only	ous, or incomplete inform	nation may s	ubject the per	son signing	this Report to the	FEC FORM 3 (Revised 02/2003)	§437g.